

LaPaz/Mohave



FIRST THINGS FIRST

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LA PAZ / MOHAVE REGIONAL PARTNERSHIP COUNCIL FUNDING PLAN SUMMARY

Regional Allocation: \$4,169,469

Regional Allocation includes population and discretionary allocations

Prioritized Needs	Proposed Strategies	Portion of Regional Allocation	Recommendation to the Board
Access to quality early care and education	Strategy 1 - Access to quality early care and education programs	\$701,896	APPROVED 12/08
Access to preventive health care	Strategy 2 - Expand Access to Preventive Health Care	\$701,896 \$501,896 Regional Council redirected \$200,00 to the new infant and toddler mental health strategy	APPROVED 12/08
Access to professional development opportunities	Strategy 3 - Expand T.E.A.C.H.	\$144,400	APPROVED 12/08
Access to professional development opportunities	Strategy 4 - Professional Development	\$388,686	APPROVED 12/08
Access to information and resources to support families	Strategy 5- Family Support	\$701,896	APPROVED 12/08
Coordination and Communication of services for young children and families	Strategy 6 - Coordination & Communication	\$0 UNFUNDED	APPROVED 12/08
Knowledge and information about the importance of early childhood development and health	Strategy 7 - Advocacy Campaign	\$26,656	HOLD
Support families under financial hardship	Emergency Response Plan: Food Boxes	\$102,000	APPROVED 2/09

Support families under financial hardship	Emergency Response Plan: Emergency Scholarships	\$675,133	APPROVED 2/09
Support families under financial hardship	Emergency Response Plan: Expedited Home Visiting	\$484,000	APPROVED 2/09
Promote the social emotional development of young children	New Strategy—Infant Toddler Mental Health	\$400,000	Recommend Approval 8/09
	Needs & Assets Report	\$30,000	HOLD
	Subtotal of Expenditures	\$3,856,563	
	Fund Balance	\$12,906	
	Grand Total	\$4,169,469	



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July 29, 2009

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Dear Arizona Early Childhood Development and Health Board:

The La Paz/Mohave Regional Partnership Council is presenting our Infant/Toddler Mental Health strategy for your consideration. The strategy is an addition to our original Funding Plan approved on December 2, 2008.

The La Paz/Mohave Regional Partnership Council and First Things First staff have worked diligently to develop the proposed strategy to improve the quality and availability of infant toddler mental health services in our region. The proposed strategy was unanimously approved by the Regional Council at on July 23, 2009.

We are pleased to present this Infant Toddler Mental Health strategy for your consideration. The proposed strategy includes the following components:

- Support Court Teams to coordinate essential services related to the social-emotional, development, and health needs of children age birth to five in the child welfare system.
- Provide local access to specialized training in infant and toddler mental health to Court Teams, including foster parents, Court Appointed Special Advocates (CASAs), representatives of the Court System, Child Protective Services, as well as health, mental health, and early intervention providers.
- Increase the number of local mental health service providers with expertise in infant toddler mental health by participating in the statewide strategy to provide tuition reimbursements and/or financial incentives.

The La Paz/Mohave Regional Partnership Council believes enhancing the coordination, training and capacity of our Court Teams and providing tuition reimbursements and financial incentives to local mental health service providers for completing specialized training in infant and toddler mental health are effective strategies to address the mental health needs of infants and toddlers in the region. With this strategy, we hope to both expand our regional capacity to serve our most vulnerable children and families through our child welfare system and increase the capacity of our mental health service providers to work with our birth to five population.

Sincerely,

William Allsbrooks, Chair
La Paz/Mohave Regional Partnership Council

Strategy 2(b): Infant Toddler Mental Health

This is the second strategy of the La Paz/Mohave Regional Partnership Council focused on expanding or establishing new programs to support children's access to quality health care services including prenatal care, well-child checks, developmental screening, oral health care, and early childhood mental health throughout the region. The La Paz/Mohave Regional Council released an RFGA July 1, 2009 to implement this strategy and received applications from three organizations proposing various effective programs to promote and improve the health of our youngest children. The La Paz/Mohave Regional Council determined that in order to effectively address the social and emotional development of young children that a separate strategy would need to be developed with a focus on infant toddler mental health. Therefore, the La Paz/Mohave Regional Partnership Council is proposing a set of strategies focused on promoting the social emotional development of children zero through five that includes a continuum, focusing on the most vulnerable population to supporting all young children's social emotional development. The proposed programs focus on efforts that promote system change and impact multiple partners who serve young children and their families.

The La Paz/Mohave Regional Partnership Council has identified the need for regional implementation of the following strategies:

- Support Court Teams to coordinate essential services related to the health, development, and social-emotional needs of young children age birth to five in the child welfare system.
- Provide specialized training in child development and infant and toddler mental health to Court Teams and other child-serving organizations, including foster parents, Court Appointed Special Advocates (CASAs), representatives of the Court System, Child Protective Services, as well as home visitors, health, mental health, and early intervention service providers.
- Increase the number of local mental health service providers with expertise in infant toddler mental health through tuition reimbursements and financial incentives.

Infants are the largest group of children to enter, remain and re-enter the child welfare system. One-third of infants discharged from foster care re-enter the child welfare system. The strain of meeting the complex health needs of these infants can make it more difficult to manage the daily challenges of parenting. If left undetected and unaddressed, the health needs of infants in foster care can jeopardize not only their healthy development but their prospects for a permanent home.¹

Infants and toddlers who have been maltreated represent nearly 38%² of all Arizona children entering foster care, as of March 2008. Many of these children have complicated and serious physical, mental

¹ Zero to Three Policy Center. Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals, page 4, January 2004.

² Arizona Department of Economic Security. *Child Welfare Reporting Requirements Semi-annual Report for the Period of October 1, 2007 through March 31, 2008*. Issues August 11 2008.

health, and developmental problems. Children in foster care are six times more likely than the general population of infants and toddlers to be developmentally delayed and three times more likely to develop chronic health conditions.³ Foster parents and others who work regularly with this vulnerable population frequently do not have the necessary training to help them address the unique social and emotional needs of pre-lingual children in distress.

Court Teams provide the mechanism for legal professionals in the child welfare system to make decisions and advocate for programs and policies that are informed by the science of early childhood. Model court teams accomplish this through the application of several identified key components. The core components include: judicial leadership, formation of a community team, partnership with child development/mental health, availability of training/technical assistance, and monthly case reviews. It has been found that judicial leadership plus community partners result in enhanced and more coordinated services for infants and toddlers in the court system.⁴

Court Teams improve how the courts, child welfare agencies, and related child-serving organizations work together, share information and expedite services for young children. With a focus on cross-disciplinary program development, coalition building, service integration, and training for professionals they increase the knowledge among those who work with abused and neglected children about the needs of infants and toddlers including Court Appointed Special Advocates (CASAs), resource (foster) parents, representatives of the Court System, Child Protective Services, as well as home visitors, and health, mental health, and early intervention service providers.

Under the leadership of the Mohave County Juvenile Court Judge, the Mohave County Children's Action Team (*Best for Babies*) brings service providers together at monthly meetings to discuss service delivery to young children in the court system, identify problems, provide training and develop and implement plans for improvement.

To strengthen the work of the Mohave County Children's Action Team, the La Paz/Mohave Regional Partnership Council will partner with the team to provide a full time coordinator that will coordinate the ongoing operation of the Mohave County Children's Action Team and facilitate specialized training and technical assistance on early childhood development and infant toddler mental health to the Mohave County Court Team and child-serving organizations in both La Paz and Mohave Counties.

The La Paz/Mohave Regional Partnership Council has also identified the need to expand the knowledge of local mental health service providers and build a more skilled and specialized workforce in La Paz and Mohave Counties. Few mental health service providers who work regularly with young children have the specialized training necessary to fully understand early childhood mental health concerns specific to infants and toddlers. Tuition reimbursements and financial incentives to increase the number of mental health professionals with specialized training in infant and toddler mental health will improve therapeutic support for the general population of infants and toddlers in the region as well as reduce the trauma experienced

³ Leslie, L.K., Gordon, J.H., Lambors, K., Premji, K., Peebles, J., Gist, K. (2005). Addressing the developmental and mental health needs of young children in foster care. *Journal of Development and Behavioral Pediatrics*, 26-140-151.

⁴ Langer, Lester (The Honorable) and Youcha, Victoria Ed.D., *Impact of Abuse and Neglect on Early Development*, March 30, 2006, PowerPoint presentation, slide 41.

by young children in foster care due to frequent changes in caregivers, and support foster and birth parents in appropriately transitioning infants and toddlers for visitation and placement purposes.

The La Paz/Mohave Regional Partnership Council believes enhancing the coordination and capacity of the Mohave County Court Team, providing specialized training in child development and infant toddler mental health to child-serving organizations, and providing tuition reimbursements and financial incentives to local mental health service providers for completing specialized training in infant and toddler mental health are effective strategies to address the mental health needs of infants and toddlers in the region.

Goals:

- FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services and resources for young children and families.
- FTF will advocate for timely and adequate services for children identified through early screening.
- FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Total number and percentage of professionals who work with young children outside of early care and education settings with a credential, certificate, or degree in early childhood development or other appropriate specialty area.
- Total number and percentage of professionals who work with young children outside of early care and education settings who are pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area.

Target Population:

Families with children age birth to five involved in the child welfare system and/or receiving services from mental health service providers.

	SFY2010 July 1, 2009 – June 30, 2010
Proposed Service Numbers	100
Performance Measures SFY 2010-2012	
<ul style="list-style-type: none"> • Percentage of court team participants/stakeholders reporting an increase in knowledge about early childhood development and health, infant and toddler mental health and satisfaction with level of coordination (minimum questions provided by FTF). • Number of Court Team meetings/proposed number of Court Team meetings. • Number of trainings concerning early child development and health and infant toddler mental health provided to Court Team participants and other stakeholders/proposed number of trainings. • Number of children (0 to 3 years of age) with a Best for Babies service checklist within one month of entry into the child welfare system/number of children (0 to 3 years of age) in the child welfare system. • Number of system improvement measures implemented/number of system improvement measures identified. 	

- Number of mental health service providers with credentials/certificates in infant toddler mental health Proposed Service # /Number of mental health service providers with credentials/certificates in infant toddler mental health Actual Service #

How does this strategy build on the service network that currently exists?

This strategy builds on the existing leadership of the Mohave County Juvenile Court and the existing partnership of service providers already established through the Mohave County Children's Action Team.

What are the opportunities for collaboration and alignment?

The Court Team Coordinator will coordinate with the La Paz/Mohave Regional Partnership Council and First Things First to provide local access to specialized training in infant toddler mental health.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based allocation for strategy	\$400,000
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Budget Justification:

Mohave County Children's Action Team (Best for Babies) Coordinator – \$75,000

Additional costs including ERE, travel, supplies, printed materials and administrative support – \$75,000

Ongoing Specialized Training for Court Teams and partners in Infant and Toddler Mental Health – \$50,000

Tuition Reimbursements and/or Financial Incentives to Local Mental Health Service Providers – \$200,000

TOTAL – \$400,000